Burgess Hill Urban District Council

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

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URBAN DISTRICT COUNCIL OF BURGESS HILL

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MEDICAL OFFICER OF HEALTH

For the Year 1959

by

D. M. RICHARDSON

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URBAN DISTRICT COUNCIL OF BURGESS HILL

REPORT

of

THE MEDICAL OFFICER OF HEALTH

To the CHAIRMAN AND MEMBERS OF THE BURGESS HILL URBAN DISTRICT COUNCIL.

I have the honour to submit the Annual Report for the year 1959.

The Corrected Birth Rate has increased from 16.91 in 1958 to the present figure of 17.39.

The Infant Mortality Rate of 7.93 compares favourably with the figure of 22 for England and Wales and is slightly lower than last year when the I.M.R. was 8.33. If the I.M.R. for the past few years is studied it will be seen that there are often wide fluctuations from year to year. These variations are to be expected when the total number of births for a district is considerably less than one thousand and in these circumstances one infant death more or less during the year can raise or lower the Infant Mortality Rate quite considerably. During the year there were two infant deaths under one year. Both of these deaths occurred during the first month of life giving a Neonatal Mortality Rate of 7.9.

In the section headed "Vital Statistics for the Year" will be found a new figure relating to infant mortality. This figure, the Perinatal Mortality Rate, is a combination of the Still Birth Rate and the number of infant deaths occurring during the first week of life per 1000 total births. In England and Wales the perinatal deaths account for 80 per cent of the total loss of infant life from the 28th week of pregnancy to the end of the first year. The Perinatal Mortality Rate provides a sensitive measure of the adequacy of the maternity services including the quality of neonatal care and the skilful management of labour. The figure of 23.7 for the Mid-Sussex area compares most favourably with the Perinatal Mortality Rate of 35.1 for England and Wales.

The total number of deaths registered during the year amounted to 122, 12 less than in 1958 in spite of an estimated increase in population of 280. The Corrected Death Rate for the year is 9.66 which compares favourably with last year's figure of 10.73. The Corrected Death Rate for England and Wales is 11.6. An analysis of the main causes of death will be found on page 9.

INFECTIOUS DISEASE.

Four hundred and ten cases of infectious disease were notified compared with 120 for 1958.

Measles, which often attains epidemic proportions in alternate years ran true to form and was responsible for 365 notifications as compared with 94 the previous year.

Scarlet Fever. There were 20 notifications of scarlet fever during the year. This disease is often so mild that cases may easily pass unrecognised.

Food Poisoning. Two cases of food poisoning were notified during the year. One of the cases was discovered as the result of investigations carried out in May by the Public Health Inspector following a complaint by a Burgess Hill resident. The complainant, a housewife, said that she and her neighbours were rather concerned at the number of bowel upsets which seemed to be occurring sporadically among residents in the neighbourhood. On further questioning it was learned that a nearby family were being attended by their doctor for this complaint. I telephoned the family doctor who told me that he was not aware of an outbreak of gastro-enteritis in the district and that, in his opinion, the incidence of sickness and diarrhoea was no higher than usual for the time of the year. He confirmed that he was attending a family in which several members were suffering from this complaint and raised no objection when I suggested that we might obtain faecal samples from them. In the meantime the Public Health Inspector made the usual inquiries but could elicit no common factor with regard to food supply.

In due course the Laboratory reported that Salmonella had been isolated from the faeces of one of the members of the affected household, a child of 10 months, and this was later identified as Salmonella Typhimurium, a common cause of food poisoning. Strict instructions were given to this family with regard to personal and food hygiene and although all precautions were taken another member of the family was taken ill with diarrhoea and sickness which was later proved to be due to the same organism.

In my Weekly Bulletin to general practitioners I drew the attention of local doctors to the complaint which had been received and asked them to inform me of any further cases occurring in the neighbourhood. Specimens were taken subsequently from several other families but no pathogenic organisms were isolated. In the meantime the Laboratory had further identified the organisms concerned as Salmonella Typhimurium Var.Copenhagen. No further cases were reported.

A second case was notified in November. The patient, a school girl of 14½, was taken ill on the 10th November. The family doctor was called in the following day and arrangements were made for bacteriological examination of faecal specimens obtained from the patient and other members of the family. Salmonella Typhimurium, was isolated from the patient and her grandmother and as the latter had had no symptoms of recent illness it would appear that the child may have acquired her infection from within the household. This case was fully investigated by the Public Health Inspector but the original cause of the infection was not discovered. The patient continued to excrete the organism for some time and after several weeks of unsuccessful antibiotic treatment she was allowed to return to school. Strict instructions were given regarding personal hygiene and the parents were asked to provide the child with a personal towel for use at school. Eventually three consecutive negative specimens were obtained from both the child and her grandmother.

INVESTIGATION OF "CARRIERS" OF FOOD POISONING ORGANISMS.

Although there were only two notifications of food poisoning during the year several investigations were carried out in connection with persons who had been found to be "carriers" of food poisoning organisms. In August the Brighton Health Department informed us that a child of eleven had been discharged from a Brighton Hospital following an emergency operation for appendicitis. During convalescence it was discovered that, although completely recovered from her illness, the patient was excreting Salmonella Typhimurium in her stools. On visiting the patient's home it was found that the parents owned a small grocery business and it was necessary to impress upon them the importance of paying particularly strict attention to personal hygiene until negative stool specimens had been obtained. Fortunately within a few days both parents were proved to be negative. In the meantime arrangements were made with the family doctor for treatment of the "carrier state" in the child and on obtaining three consecutive negative stool specimens supervision was discontinued.

Another far more serious case came to my notice in July when a family doctor, in the Hassocks area, informed me that he had found it necessary to arrange for admission of a temporary patient (normally resident in Burgess Hill) to a Brighton Hospital where the patient was found to be suffering from a severe gastro-enteritis due to infection with Salmonella Typhimurium. When this information reached the Health Department the patient had been ill for over a week and although investigations were carried out the original cause of the infection was not discovered. The patient died within a few days of admission to hospital. Two members of the family were found to be excreting Salmonella Typhimurium in their stools but neither of them could recall any recent symptoms of gastro-enteritis. Arrangements were made with the family doctor for both contacts to receive a course of antibiotic treatment and in due course three consecutive negative stool specimens were obtained in each case.

Although fatal cases of food poisoning are comparatively rare the above case emphasises the need for constant attention to food hygiene and the importance of following up every known case of gastro-enteritis. In 1958 there were 14,900 notifications of food poisoning in England and Wales. Thirty fatal cases came to the notice of the Laboratory Services and of these sixteen were associated with Salmonella Typhimurium.

Higher standards of food hygiene can only be achieved by constant vigilance on the part of the Public Health Inspector. In this District, which is growing rapidly, your Inspector has found it virtually impossible to carry out the systematic routine inspections necessary to maintain the standards required by legislation. He has found it possible to deal only with those matters which require immediate attention, and although the day to day problems which arise are brought under control as quickly as possible they are not necessarily dealt with as thoroughly as he would wish. This method of working inevitably imposes a strain on your Inspector who gains little satisfaction from the knowledge that under existing circumstances work can never be properly carried out or supervised in a satisfactory manner. It cannot be emphasised too strongly that the sole inspector of the smaller authority, who often undertakes extraneous duties — housing, meat inspection, administration of Petroleum Acts, etc., has very little time available to attend to the more practical aspects of environmental hygiene.

A neighbouring Urban District, with high standards of public health practice has employed an Additional Public Health Inspector since 1935 — the population at that time being approximately 12,800. I have no doubt that in the latter district the high standards which have been achieved and maintained throughout the years have been due in no small measure to the Council's decision of twenty-five years ago.

In anticipation of the Council's consideration of this matter a Report has been prepared on the Staffing of the Public Health Department and although it is not intended that the foregoing remarks should imply that there is a particularly low standard of environmental hygiene in the District, which is certainly not the case, it is hoped that in the not too distant future the Council will direct its attention to this problem.

WEEKLY BULLETIN OF NOTIFIABLE AND OTHER DISEASES

In May the first Weekly Bulletin of Notifiable and other Diseases was prepared for circulation to family doctors in the three districts under my supervision. Under each notifiable disease the number of cases notified during the week in each district is given, together with the total number recorded since the beginning of the year. I have found the existence of this Bulletin a most useful means of passing on epidemiological information, and, on occasions, various items of interest have been abstracted from a similar Bulletin circulated by the M.O.H. of the neighbouring County Borough.

It is hoped that this Bulletin may assist the family doctor in obtaining a rough assessment of the prevalence of infectious disease in his practice as compared with the district as a whole.

FLY PREVENTION

During the year the Central Council for Health Education launched a special campaign against the house-fly and special pamphlets and posters were prepared. A supply of these posters was obtained and suitable sites for display were found in the three districts. The Editor of "The Mid-Sussex Times" provided valuable additional publicity by drawing the attention of the public to this nuisance, and particular emphasis was placed on the part played by the house-fly in the spread of diseases such as dysentery and poliomyelitis.

NATIONAL ASSISTANCE ACT, 1948
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Section 47. This Section provides for the compulsory removal from their homes of elderly, infirm or incapacitated persons who are not receiving proper care and attention. Such persons are often living on their own under poor and insanitary conditions, and although it was not necessary to take formal action under this Section, several cases were investigated during the year.

WATER SUPPLY.

(i) The water for the whole of the Urban District is supplied by the Mid-Sussex Water Company. This was satisfactory in quality and quantity.

(ii) The Company carried out monthly bacteriological examination of the raw water and all were satisfactory. The water was chlorinated.

(iii) The supply is not liable to plumbo-solvent action.

(iv) There was no evidence of the supply being contaminated.

(v) With the exception of three houses, all are provided with a piped supply direct to the house.

MEDICAL EXAMINATIONS

During the year medical examinations were carried out for the following authorities:-

Cuckfield Rural District ..	10
Cuckfield Urban District ..	10
Burgess Hill Urban District ..	9
Mid-Sussex Water Company ..	1

I would like to express my thanks to Mr. Hobson, Public Health Inspector, for his help and co-operation in the work of the department and for the particulars which he has supplied for this report.

In conclusion, I would like to thank the Chairman and members of the Council for their support and also the officers and staff in other departments for their help during the year.

I am, Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,

D. M. RICHARDSON

Medical Officer of Health.

PUBLIC HEALTH STAFF

Medical Officer of Health	D. M. Richardson, M.R.C.S.Eng., L.R.C.P.,Lond., D.P.H.,Eng.
Public Health Inspector	J. W. Hobson, M.A.P.H.I., Certified Meat Inspector
Secretary to the M.O.H.	Miss G. L. Everson
Clerk to the M.O.H.	Miss B. P. Rackham
Clerk to the P.H.I.	Miss M. Jenner
Rodent Operator	Mr. S. W. Cook

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Summary of Statistics for the years:

	1957	1958	1959
Area of District in Acres	2,024	2,024	2,024
Population estimated to middle of year	13,050	13,480	13,760
Rateable Value	£155,338	£165,000	£184,886
Sum represented by Penny Rate	£600	£640	£645
Density of Population	6.45	6.66	6.79
Number of Houses	4,156	4,249	4,349
Birth Rate per 1,000 population	20.84	16.91	17.39
Death Rate per 1,000 population	9.35	10.73	9.66
Infant Mortality Rate	3.68	8.33	7.93

VITAL STATISTICS

Live Births

	Male	Female	Total
Legitimate	129	111	240
Illegitimate	6	6	12
Total Live Births	135	117	252

Live Birth Rate per 1,000 of the estimated population (crude)	18.31
Live Birth Rate per 1,000 of the estimated population (corrected)	17.39
Illegitimate live births per cent. of total live births	4.76

Still Births

	Male	Female	Total
Legitimate	2	2	4
Illegitimate	-	-	-
Total Still Births	2	2	4

Still Birth Rate per 1,000 (live and still births)	15.62

	Male	Female	Total
Total Live and Still Births	137	119	256

Infant Deaths

Deaths of Infants under 1 year of age

	Male	Female	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Total	1	1	2

Infant Mortality Rates:

(a) All infants per 1,000 live births	7.9
(b) Legitimate infants, per 1,000 legitimate live births	8.3
(c) Illegitimate infants, per 1,000 illegitimate live births	Nil

Deaths of Infants under 4 weeks of age

	Male	Female	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Total	1	1	2

Neonatal Mortality Rate per 1,000 total live births	7.9

Deaths of Infants under 1 week of age	Male	Female	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Total	1	1	2

Early Neonatal Mortality Rate per 1,000 total live births .. 7.9

Perinatal Mortality	Male	Female	Total
Still Births and Deaths under 1 week	3	3	6

Perinatal Mortality Rate per 1,000 total live and still births (a) Burgess Hill Urban 23.4
(b) Mid-Sussex Area 23.7

Maternal Mortality

Maternal Deaths (including abortion) .. .. Nil
Maternal Mortality Rate per 1,000 total (live and still births) 0.00

DEATHS	Male	Female	Total
All Causes	60	62	122

Death Rate per 1,000 of the population (crude) 8.87
Death Rate per 1,000 of the population (corrected) 9.66

MAIN CAUSES OF DEATH IN THE BURGESS HILL URBAN DISTRICT.

		1958	1959
(i)	Diseases of the heart and circulatory system	53 (39.5%)	45 (36.9%)
	(Coronary disease)	16 (11.9%)	20 (16.4%)
(ii)	Cancer (all sites)	21 (15.6%)	22 (18.3%)
	(Cancer of Lung and Bronchus ..	3 (2.2%)	6 (4.9%)
(iii)	Vascular lesions of the nervous system	24 (17.1%)	20 (16.4%)
(iv)	Respiratory diseases	11 (8.2%)	18 (14.7%)

CAUSES OF DEATHS OF INFANTS UNDER ONE YEAR

1.	Prematurity	18 hours
2.	Atelectasis (Prematurity)	6 hours

CAUSES OF DEATH IN BURGESS HILL URBAN DISTRICT

		Males	Females
1.	Tuberculosis, respiratory	-	-
2.	Tuberculosis, other	-	-
3.	Syphilitic disease	1	-
4.	Diphtheria	-	-
5.	Whooping Cough	-	-
6.	Meningococcal infections	-	-
7.	Acute Poliomyelitis	-	-
8.	Measles	-	-
9.	Other infective and parasitic diseases	-	1
10.	Malignant neoplasm, stomach	2	-
11.	Malignant neoplasm, lung, bronchus	6	-
12.	Malignant neoplasm, breast	-	1
13.	Malignant neoplasm, uterus	-	3
14.	Other malignant and lymphatic neoplasm	3	7
15.	Leukaemia, aleukaemia	-	-
16.	Diabetes	-	-
17.	Vascular lesions of nervous system	7	13
18.	Coronary disease, angina	12	8
19.	Hypertension with heart disease	2	1
20.	Other heart disease	6	14
21.	Other circulatory disease	1	1
22.	Influenza	2	1
23.	Pneumonia	7	1
24.	Bronchitis	5	2
25.	Other disease of the respiratory system	-	-
26.	Ulcer of stomach and duodenum	-	-
27.	Gastritis, enteritis and diarrhoea	-	2
28.	Nephritis and nephrosis	-	1
29.	Hyperplasia of prostate	-	-
30.	Pregnancy, childbirth, abortion	-	-
31.	Congenital malformations	1	-
32.	Other defined and ill-defined diseases	2	4
33.	Motor vehicle accidents	1	1
34.	All other accidents	1	1
35.	Suicide	1	-
36.	Homicide and operations of war	-	-
	Totals	60	62

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities:

All milk and water samples, infectious disease and food poisoning specimens are sent to the Public Health Laboratory, Brighton. Medical practitioners send the specimens direct to the Laboratory, and they receive the report by telephone, a copy of such report being sent to this office.

My thanks are due to Dr. J. E. Jameson, Medical Director, for his informative reports and helpful advice on many occasions.

Ambulance Facilities:

Cases of infectious disease are now removed by one of the British Red Cross Society's ambulances stationed at Haywards Heath Ambulance Station, Bridge Road, Haywards Heath.

Hospital Accommodation for Infectious Diseases:

Twenty-six beds are available at the Goddards Green Hospital for the treatment of cases of infectious disease, twelve of these beds are in a cubicle block and the other fourteen in a block consisting of two main wards and side wards.

A table on page 15 gives particulars of admissions during the year.

Smallpox:

The South-East Metropolitan Regional Hospital Board state that cases of smallpox occurring in this district should be sent to the River Hospitals (Long Reach), Dartford, Kent.

CLINICS AND TREATMENT CENTRES

INFANT WELFARE CENTRE:

Burgess Hill	E.S.C.C.Clinic, Mill Road, Burgess Hill	Every Thursday 9.30-12 noon 2 - 4 p.m. Dr. attends each session. Toddlers' session every Thursday morning.

CLINICS:

Diphtheria Immunisation	E.S.C.C.Clinic, Mill Road, Burgess Hill	1st Friday 2 - 3.30 p.m.
Chest	Haywards Heath Hospital, Haywards Heath	Thursdays 9.30 a.m. (By appointment)
	Cuckfield Hospital, Cuckfield	Every Thursday 2 p.m. Diagnostic
Orthopaedic	B.R.C.S. Centre Paddockhall Road, Haywards Heath	Tuesday 9 a.m.-12.30 p.m. Wednesday " " Friday " " 2 p.m.-4.30 p.m. Dr. attends 2nd Thursday 2 - 4.30 p.m. (By appointment)
Speech Therapy	E.S.C.C.Clinic, Mill Road, Burgess Hill	Wednesdays and Thursdays 9 a.m. (By appointment)
Child Guidance	East Grinstead: Moat Road	Every Friday 10 a.m. (By appointment)
	Burgess Hill: E.S.C.C.Clinic Mill Road	Every Monday 10 a.m. (By appointment)
	Lewes: Castlegate House	Every Wednesday 10 a.m. (By appointment)
	Hove: 33 Clarendon Villas	Tuesday 10 a.m. Thursday 10 a.m. (By appt.)
Eye Refractions (School Children)	Haywards Heath Hospital, Haywards Heath	By appointment
	Sussex Street Clinic, Brighton	By appointment
Minor Ailments	E.S.C.C.Clinic, Mill Road, Burgess Hill	Weekdays (Mondays to Fridays) 9 a.m. to 10 a.m.
Dental	E.S.C.C.Clinic Mill Road, Burgess Hill	By appointment
School Clinic	E.S.C.C.Clinic Mill Road, Burgess Hill	Dr. Waugh (By appointment)

CLINICS (continued)

* Family Planning	E.S.C.C.Clinic Oaklands, Boltro Road, Haywards Heath	2nd and 4th Wednesday 2 p.m. Dr. each session (By appointment)
* Sub-Fertility	E.S.C.C.Clinic Oaklands, Boltro Road Haywards Heath	1st Wednesday 2.15 p.m. Dr. each session (By appointment)

Venereal Diseases — Facilities available at the Royal Sussex County Hospital, Brighton.

Men	Monday	4.30 p.m. - 8 p.m.
	Wednesday	9.30 a.m. - 1 p.m.
	Thursday	1.30 p.m. - 4.30 p.m.
Women and Children	Tuesday	1.30 p.m. - 4.30 p.m.
	Thursday	10 a.m. - 1 p.m.
	Saturday	9.30 a.m. - 11.30 a.m.

(New cases must attend at least one hour before the Clinic closes)

ANTE NATAL CLINICS:	E.S.C.C.Clinic Mill Road, Burgess Hill	Every Tuesday 2 p.m.

* These Clinics are provided by the Family Planning Association.

CASES OF INFECTIOUS DISEASE IN AGE GROUPS

Disease	Total cases notified	Under 1	1 -	2 -	3 -	4 -	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65 and over	Cases admitted to hospital	Total Deaths
Scarlet Fever	20	-	-	-	2	1	16	1	-	-	-	-	3	-
Food Poisoning	2	1	-	-	-	-	-	1	-	-	-	-	-	-
Pneumonia	12	-	-	-	-	-	1	1	-	2	6	2	1	2
Puerperal Pyrexia	2	-	-	-	-	-	-	-	-	2	-	-	-	-
Measles	365	5	27	44	41	33	196	13	1	5	-	-	6	-
Whooping Cough	9	1	1	3	1	1	2	-	-	-	-	-	-	-
Totals	410	7	28	47	44	35	215	16	1	9	6	2	10	2

TUBERCULOSIS — NEW CASES AND MORTALITY, 1959

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	1	-	-	-	-	-	-
25 - 35	-	-	-	-	-	-	-	-
35 - 45	-	1	-	-	-	-	-	-
45 - 55	1	-	-	-	-	-	-	-
55 - 65	1	-	-	-	-	-	-	-
65 and over	1	-	-	-	-	-	-	-
Totals	3	2	-	-	-	-	-	-

COMPARATIVE TUBERCULOSIS STATISTICS 1947 — 1959

Year	New Cases		Deaths	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1947	6	1	8	-
1948	4	-	3	-
1949	5	1	1	1
1950	9	-	3	-
1951	6	1	1	1
1952	7	4	-	-
1953	3	1	-	2
1954	10	1	1	-
1955	8	-	-	-
1956	3	-	1	-
1957	3	1	-	-
1958	10	1	-	-
1959	5	-	-	-
Totals	79	11	18	4

GODDARDS GREEN HOSPITAL

I am indebted to the Matron, Miss J.M. Reid, for the following particulars of cases admitted during the year:-

DISEASE	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural District	Other Districts	TOTAL
Dysentery	5	-	-	-	-	-	5
Observation Dysentery	1	-	-	-	-	-	1
Observation Diarrhoea	-	-	2	-	-	-	2
Food Poisoning	1	2	-	-	-	1	4
Infective Jaundice	1	-	-	-	-	-	1
Intestinal Infection	3	-	-	-	-	-	3
Scarlet Fever	14	1	2	2	-	3	22
Scarlet Fever and Mumps	1	-	-	-	-	-	1
Measles	2	1	2	2	1	-	8
Measles and Pneumonia	2	1	-	-	-	-	3
Measles and Influenza	-	-	3	-	-	-	3
Mumps	-	-	-	-	-	1	1
Chickenpox	2	-	-	1	-	3	6
Rubella	-	-	-	-	-	1	1
Tonsillitis	-	-	2	-	-	-	2
Influenza and Pneumonia	-	1	-	-	-	-	1
Cardiac Failure	1	-	-	-	-	-	1
Tuberculosis	2	3	1	-	-	7	13
Total	35	9	12	5	1	16	78

The Cubicle Block allowed seventeen different diseases, observation cases or diseases with complications, to be dealt with.

IMMUNISATION AGAINST POLIOMYELITIS

The County Medical Officer administers this scheme and my Department co-operates by distributing leaflets and forms and also by giving information to parents on request.

In early 1960 the Ministry announced that the age limit for poliomyelitis immunisation was being raised to cover all persons, who, at the time of their application, were under 40. Other groups of persons who became eligible for immunisation, irrespective of age, were as follows:-

1. People going to any country outside Europe other than Canada and the U.S.A.

2. Practising dental surgeons, dental students, dental hygienists, dental surgeons' chairside assistants, and their families.

3. Practising nurses not working in hospitals (hospital nurses are already eligible), and their families.

4. Public Health staff who might come into contact with cases of poliomyelitis, and their families.

In the country as a whole the response to this offer has so far been very poor indeed and it would seem that many people over 25 are under the impression that they have reached an age when poliomyelitis is no longer a hazard. The statistics which are available do not support this belief, and I feel that attention should be drawn to the fact that 74 per cent of those who died from poliomyelitis in 1958 were aged 15 and over, although only 30.3 per cent of notifications related to this group. The age group 25 to 44 accounted for 48 per cent of the total deaths.

The Ministry recently announced that at the end of 1959 registration for immunisation against poliomyelitis in England and Wales had passed the 13,000,000 mark. In the 16 to 26 age group 46 per cent of those eligible had registered and almost all had been given at least two injections. In children (1943-59 age group) the acceptance rate had risen to 75.4 per cent and a considerable number of these had received two or more doses.

In his Annual Report for 1958 the County Medical Officer reported that up to the end of that year 51,438 persons in East Sussex had received two injections and 10,986 had been given the third or boosting dose. The figures for 1959 will no doubt appear in the County Medical Officer's Report.

No cases of poliomyelitis were notified during the year in this district.

IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH and TETANUS

As there have been no cases of diphtheria in this district since 1944 it is necessary to look at the figures for England and Wales in order to discover how effectively this disease has been controlled. In 1938 there were 65,008 notifications of diphtheria in England and Wales, a number far greater than the combined population of the three districts under my supervision. In 1958 the number was 78.

There were 2,861 deaths in 1938, or enough to populate a village, and in 1958 there were only 8. On examination, however, these figures give no grounds for complacency and in his Annual Report for 1958 the Chief Medical Officer to the Ministry of Health has pointed out that, although from 1943 until 1957 each succeeding year showed a decrease in the number of notifications of diphtheria there was, in fact, an increase in the number of cases in 1958 and the total exceeded the figures for both 1956 and 1957. During 1959 outbreaks of diphtheria occurred in several London boroughs, and when the figures are published the number of notifications will undoubtedly exceed those for 1958. Outbreaks of this kind suggest that there is a hard core of infection existing in the country, which reveals its presence from time to time, and serves to remind us that immunising procedures cannot be allowed to lapse. Primary immunisation carried out in childhood is not enough because its effect gradually wanes and necessitates the administration of reinforcing doses later in life.

It is the policy of the East Sussex County Council that children immunised in early life should be given a booster injection at about 5 years of age and again at about 10. In the area under my supervision the administration of this service was transferred from the District Councils to the County Health Department in November, 1958, and I am glad to report that there have been no difficulties resulting from this change of policy. During the year (May to December) I attended many schools and clinics and carried out a total of 932 injections.

The Annual Return for the Urban District of Burgess Hill, showing separate figures for children immunised during the last five years and for children immunised more than five years ago is given below.

Age on 31.12.59 (i.e. born in year)	Under 1 1959	1-4 1955-1958	5-9 1950-1954	10-14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959	89	908	843	354	2194
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	--	--	159	668	827

In 1958 the immunisation index for children under 5 in England and Wales (i.e. the percentage of children in that age group who had ever completed a course of immunisation) was 54 per cent. The figure for East Sussex for the same age group, based on figures supplied in the County Medical Officer's Report, works out at 86 per cent and the percentage of all children immunised before leaving school at 15 is 80.3.

In his Annual Report the Chief Medical Officer to the Ministry of Health concluded the section on Diphtheria with the following words: "Events in 1958 should act as a warning to those who feel that diphtheria is a thing of the past and that an increase in its incidence is improbable. It is quite clear that efforts to maintain a high level of immunisation of all children cannot be relaxed."

Having regard to the events in several London boroughs during this year parents would be wise to take heed of this advice and ensure that their children receive booster injections at regular intervals.

REPORT OF THE PUBLIC HEALTH INSPECTOR

SUMMARY OF VISITS CARRIED OUT

Dwellinghouses inspected	135
Revisits carried out	225
Visits made as Housing Officer	188
Visits in connection with Improvement Grants	103
Visits in connection with aged persons	9
Infectious Disease and Food Poisoning	92
Disinfections	1
Meat Inspection	317
Food Inspection	32
Inspection of Food Premises	62
Movable dwellings	25
Watercourses	9
Factories	27
Petroleum Acts	33
Pet Animals Act	1
Theatres and Cinemas	11
Smoke Inspection	36
Pest Infestations	111
Rats and Mice (made by Rodent Operator)	2945
Swimming Pool	7
Unclassified	16
Total Visits	4385

SAMPLES TAKEN

Water (public supply)	
Chemical	2
Bacteriological	3
Swimming Pool	
Bacteriological	1
Chemical	1
Ice Cream — Bacteriological	33
Milk — Bacteriological, Biological and Phosphatase	97
Other Foods, etc.	2
	139

NOTICES

Preliminary notices served	9
Statutory notices served	-
Verbal notices given	8
	17

LICENCES ETC. ISSUED

Licences to keep premises as a Slaughterhouse	2
Licences to act as a Slaughterman	6
Licences to keep a pet shop	1
Licences to store petroleum	24
Licences to station and use caravans	23
Certificates — means of escape — Factories Acts	5
	61

INSPECTION AND SUPERVISION OF FOODS MEAT, MILK, ETC.

Number and type of Food Premises:

Grocery and provision	40
Butchers	12
Fishmongers	6
Fruit and vegetables	12
Cakes, bread and confectionery	8
Sugar confectionery	20
Hotels, restaurants and cafes	12
Canteens, schools and institutions	16
	126

Number and type of premises registered under Section 16 Food and Drugs Act, 1955:

For the manufacture of sausages	12
For the manufacture of ice-cream	1
For the storage and sale of ice-cream	40
	53

Number of inspections carried out:

Ice-cream premises	14
Bakehouses	1
Slaughterhouses	15
Catering establishments	8
Grocers shops	5
Other food shops	4
Dairies	1
Butchers	2
Fishmongers	13
	63

Milk and Dairies Regulations 1949:

Number of Dairies registered	5
Number of Distributors on Register	9
Number of Bottled milk only	4

LICENCES GRANTED UNDER MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949

Tuberculin Tested (Dealers)	3
Tuberculin Tested (Supplementary)	2
Pasteurised (Dealers)	3
Pasteurised (Supplementary)	2
Sterilised (Dealers)	1
Sterilised (Supplementary)	1

SAMPLING

Milk:

(a) Bacteriological Examination

Number of samples taken	43
Number satisfactory	43
Number unsatisfactory	-

(b) Biological tests for T.B. etc.

Number of samples taken	18
Number satisfactory	17
Number containing tubercle bacilli	-
Number containing Brucella abortus	1

(c) Phosphatase test for Pasteurisation

Number of samples taken	33
Number satisfactory	33

(d) Turbidity test for Sterilisation

Number of samples taken	3
Number satisfactory	3

Ice Cream: Bacteriological Examination

Number of samples taken	33
Number satisfactory (Grades I and II)	18
Number unsatisfactory (Grade III)	5

ICE CREAM MANUFACTURE

The five samples reported above as unsatisfactory were the result of some slight trouble at a manufacturing premises. After careful investigation had been carried out and certain advice given and acted upon by the proprietor, no further trouble arose and subsequent samples have all proved to be grade I.

MEAT AND FOOD INSPECTION

Slaughtering and Meat Inspection

Although two establishments were licensed as Slaughterhouses only one was in active use during 1959. The other premises became unoccupied early in the year, and have now been converted to different use. The Slaughterhouse in use is situated in West Street and on the expiry of the original five year licence, the owner was required to carry out a considerable amount of improvement and repair in order to comply with the requirements of new regulations which had meanwhile come into force. As a result of the work which was carried out, the premises were much improved and it has been possible for the work of slaughtering to be carried out without giving rise to justifiable complaint.

The number of animals killed had still further increased to 4553, and all received post-mortem inspection. This work was practically all done in the evenings and at week-ends, the number of such visits being 299 and the hours involved, 390.

The following table gives a summary of the animals slaughtered and the incidence of disease.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses	Total
Number killed	992	181	139	2253	988	-	4553
Number inspected	992	181	139	2253	988	-	4553
All diseases except Tuberculosis and Cysticerci							
Whole carcase condemned	1	-	-	9	-	-	10
Carcases of which some part or organ was condemned	156	27	-	117	21	-	321
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	15.8	14.9	-	5.6	2.1	-	7.3
Tuberculosis only							
Whole carcase condemned	-	-	-	-	-	-	-
Carcases of which some part of organ was condemned	-	-	-	-	17	-	17
Percentage of the number inspected affected with tuberculosis	-	-	-	-	1.7	-	1.7
Cysticercosis							
Carcases of which some part or organ was condemned.	4	-	-	-	-	-	4
Carcases submitted to treatment by refrigeration	4	-	-	-	-	-	4
Generalised and totally condemned	-	-	-	-	-	-	-

For the first time, it is possible to report that no bovine animals were found to be affected by tuberculosis. In the previous year the percentage had fallen to .76%. This result is due to the successful operation of the Area Eradication Scheme carried out by the Ministry of Agriculture, Fisheries and Food. It is believed that all the tuberculous animals have been eliminated from the bovine herds in this part of the country. The incidence in pigs however does not appear to show the same continued reduction, and 17 pigs were found to have tuberculous infection of the glands of the head.

Fewer cases of Cysticercus Bovis infection were detected and again about one half were in an active state, requiring treatment by cold storage.

By far the most frequent abnormal condition seen in the slaughterhouse is Cirrhosis of the liver caused by infestation with the liver fluke. This has caused the condemnation of 245 whole or part livers in cattle and sheep and the incidence of this condition seems to be increasing steadily. It is caused by the animals grazing over infested pastures and it is a source of great loss to the farming and meat industry.

The total amount of meat and offal condemned at the Slaughterhouse was 2 tons 2 cwts. Last year it was 15¾ cwts.

Inspection of Other Foods

Thirty-two visits were made to premises for the purpose of food inspection, and a total of 3 cwts. 17 lbs. of foodstuffs was condemned. In most cases these visits and condemnations were made upon the request of the trader who needed a certificate to enable a claim to be made upon his supplier or to make his stock records balance.

Food Hygiene

The number of inspections of food premises was again lower than in previous years. The figure of 62 visits recorded shows that considerably more than half of the existing premises were not visited during the year. There is no doubt that standards will deteriorate if regular inspections are not carried out but the pressure of other work leaves no opportunity for routine inspection work of any kind.

RATS AND MICE DESTRUCTION

Mr. S.W. Cook, the Rodent Operator, has continued to give good service in dealing with infestations of rats and mice. When not engaged in actual treatment he continues with a systematic survey of the district to discover fresh infestations. Most cases are however reported by occupiers of premises.

During the year 307 complaints were received and 2943 visits made to 964 separate premises. 156 infestations of rats and 55 of mice were found and treated. 648 dead rats and 151 mice were collected. The free treatment of private houses has been continued, a charge being made for work on business premises.

The refuse tip has been regularly inspected but there has been no serious infestation. Five treatments have been carried out.

CESSPOOL EMPTYING

The cesspool emptying scheme has continued to work satisfactorily during the year and approximately 118 emptyings were carried out.

Six further houses have been connected to the main drainage system and the use of cesspools discontinued.

SEWAGE DISPOSAL WORKS

In October the official opening of the Reconstructed Sewage Disposal Works took place, the opening ceremony being performed by Mrs. R.I. Sugden, then Chairman of the Housing and Public Health Committee. Representatives of other Local Authorities were present. The works of reconstruction carried out constitute Phase II of the comprehensive scheme and include the construction of 1000 yards of new 30 inch diameter sewer, provision of new head-works including grit extractor and comminutor, additional humus tanks, two pumping stations and additional sludge drying beds. One biological filter was reconstructed.

The works are now operated wholly by electrical power and for the first time a water supply from the mains has been provided. Other improvement works include the provision of sanitary accommodation, washing facilities and a mess room for the staff employed on the premises.

The reconstruction works so far carried out will provide for the satisfactory treatment of the sewage from the existing population, but it is proposed to proceed shortly with Phase III of the comprehensive scheme which will provide for satisfactory treatment of the sewage from the considerably increased population anticipated within the next few years.

HOUSING

No houses were built by the Council, but suitable land has been acquired and preparatory works are being carried out on the site adjoining St. Andrews Road.

All houses held under requisition have now been released.

The number of new applicants for housing accommodation shows that the demand for houses to rent has not diminished. The Waiting List has, in fact, increased in length and many cases now on the list will not be dealt with for several years. There is also a pressing demand for accommodation suitable for elderly people who live alone, many of whom are occupying Council houses with accommodation in excess of their needs, which could otherwise be housing persons with families.

Ten applications for Improvement Grants were received, all were approved but two were withdrawn by the applicants. Five applications for Standard Grant were dealt with and approved but one was withdrawn. Several of the applications approved were made by owners in respect of houses occupied by tenants.

The increase in the number of houses being improved with the aid of grants is a very satisfactory feature, as old but servicable houses are being modernised and their useful life extended by this means.

No Certificates of Disrepair were applied for during the year.

FACTORIES

There has been a steady increase in the number of new factories since the opening of the Industrial Estate. This has necessitated a considerable number of visits, particularly in connection with the issue of Certificates as to Means of Escape in case of Fire as required by the Factories Act. I am indebted to the Chief Fire Officer and his Divisional Fire Prevention Officers for the assistance given in carrying out these inspections and in providing reports. The required information in tabular form is as follows:-

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	9	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	48	25	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	4	1	-	-
Totals	61	27	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Totals	-	-	-	-	-

OUTWORK

(Sections 110 and 111)

Nature of Work	Number of Outworkers in August list required by Sect. 110 (1) (c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel:						
Making etc.	-	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-

Sections 15 - 44: Nil

PUBLIC SWIMMING BATHS

There is only one public swimming bath in the Urban District namely the open air swimming pool in St. Johns Park. This is owned by the Council and operated by its own staff. The pool measures 100 feet by 40 feet, the depth being from 2ft. 6ins. to 8ft. 6ins. The construction is of reinforced concrete, the walls being finished with green polished cement tiles. The floor has recently been re-surfaced internally in green terazzo tiles. An area surrounding the pool is enclosed for the use of spectators and sun bathers.

The capacity of the pool is 132,000 gallons and the circulating and filtration plant is capable of a complete turnover of the water in a period of six hours. The purification process consists of filtration, and aeration followed by breakpoint chlorination applied by a dosing mechanism to regulate the delivery of chlorine gas to the water. Water for initial filling and for topping up is obtained from the mains.

During the exceptionally fine summer of 1959 very heavy bathing loads were experienced and throughout the season no difficulty was encountered in maintaining the water in a satisfactory physical and bacteriological condition. Regular tests for the presence of chlorine were carried out and a bacteriological sample taken showed very satisfactory results. A sample obtained for chemical examination at the height of the season showed a rather high concentration of salts in solution and it was deemed advisable to discard a proportion of the water and refill with fresh water.